

Frequently Asked Questions for Inpatient Influenza-like Illness (ILI) Surveillance

1. How do we define ILI for this surveillance system?

For the purpose of this survey, ILI is defined as any patient with physician-diagnosed influenza or ILI, or any patient with fever $\geq 100^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$), oral or equivalent, AND cough and/or sore throat (in the absence of a known cause other than influenza). Patients who meet these criteria should be reported even in the absence of confirmatory lab tests.

2. What is “total hospital admissions”?

This is the total number of patients admitted into your facility for that surveillance week. This provides a denominator for calculating the percentage of ILI in the facility and enables comparison to other facilities.

3. Are newborns included in total hospital admissions?

Yes, they are.

4. What do we mean by 0-4, 5-24, 25-49, 50-64, and 65+?

These are the age groups for classifying all ILI patients. These groups are consistent with the age breakdown used in our Outpatient Influenza-Like Illness Surveillance Network (ILINet).

5. What does “number of new ILI patients on ventilator” mean?

This refers to the total number of **new** patients with ILI that were placed on a ventilator in the facility during the surveillance week. This helps track the severity of the illness.

6. What do we mean by “total ILI patients”?

“Total ILI patients” means the cumulative number of ILI patients currently in the hospital as determined once a week at the time of this survey, and should include all patients with ILI even if admitted in previous weeks. This is a point prevalence survey.

7. What do we mean by “are you experiencing a shortage due to influenza like illness”? Do we mean just acute care nurses? Or are you asking all staff at the facility?

We are asking if there is a staff shortage of any type for the entire facility at the time of this survey. This includes kitchen, reception, custodial and/or direct care staff. This could affect the daily operations of the facility.

8. How/when should the % of bed occupancy be done?

Please report the % of bed occupancy as point in time data determined on the day the weekly survey data is collected. This includes all beds in the facility not just acute care.

For example: Total number of inpatient beds in the hospital on a specified day of the week = 50
Number of beds occupied that day: 25

Bed occupancy for that point in time = $(25 \times 100) / 50 = 50\%$

9. Some hospitals are seeing ILI cases in their ER. They hydrate the patients and send them home. Do you want these numbers included?

No. Only information on ILI **admissions** should be included in this survey.

10. Do you want gastrointestinal ILI numbers?

For the purposes of this survey we refer to the disease caused by the influenza virus as influenza or flu. We do not use the term “flu” if the case-definition described above is not met. Some persons with flu have gastrointestinal symptoms (diarrhea, vomiting) along with their respiratory symptoms. These should be included in your surveillance numbers, provided the ILI case definition is met. Gastroenteritis (e.g. norovirus) in the absence of ILI should NOT be reported.

11. Is there a guide on what to do when the case number threshold has been reached?

When X % of the population is ill?

No threshold number has been established by the Nebraska Department of Health and Human Services. The purpose of this survey is to track the number, severity and distribution (geographic and age) of ILI cases in the state so control/prevention measures can be recommended/taken.

12. When is isolation/quarantine necessary?

<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

Quarantine: None

Isolation: In addition to Standard Precautions, health-care workers should adhere to droplet precautions during the care of a patient with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility. In some cases, facilities may choose to apply [droplet precautions](#) for longer periods based on clinical judgment, such as in the case of young children or severely immunocompromised patients, who may shed influenza virus for longer periods of time.

13. Where do I go to enter weekly surveillance data on-line?

If you and your local health department representative have decided that you will be the one to enter the data for your facility go to, <https://han.ne.gov/survey/SurveyDispatcher>. Please contact your local public health department for the pin number.

14. If the report does not get submitted by noon on Tuesday, should the data still be entered?

YES. We need consistent data no matter when the data comes in. The local health departments are responsible for making sure each of the facilities in their jurisdiction have data entered for each surveillance week.